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|   |  |   |   |  |   | •   |   |   |  |
|---|--|---|---|--|---|---|---|---|--|
| Fill  | in this informa  | ation to identify yo                                  | our case:                               |  |   |   |   |   |  |
| Deb   | otor 1   | Beatrice Qui  | nn                                      | Check if this is:  An amended filing   |   |   |   |   |  |
|   | otor 2<br>ouse, if filing)   |   |   | =  | A supplement show<br>13 expenses as of              | wing postpetition chapter the following date: |   |   |  |
| Unit  | ed States Bank   | ruptcy Court for the:                                 | NORTH                                   |  | MM / DD / YYYY                                      |   |   |   |  |
| 1   | nown)  | 4-42701   |   |  |   |   |   |   |  |
|   |  | orm 106J  |   |  |   | ı   |   |   |  |
| Be<br>info<br>nur   | as complete<br>ormation. If n<br>mber (if know   | nore space is ne<br>/n). Answer ever                  | s possible<br>eded, atta<br>ry question | . If two married people and the community is the community and the community is the community in the community in the community is the community in the community in the community is the community in the community in the community is the community in the community in the community is the community in the community in the community is the community in the community in the community in the community is the community in the communi | re filing together, b<br>form. On the top o         | oth are eq<br>f any addit                     | ually responsible f<br>ional pages, write | 12/19<br>or supplying correct<br>your name and case |  |
| Par<br>1.   | t 1: Desc<br>Is this a joi   | ribe Your House<br>nt case?                           | hold                                    |  |   |   |   |   |  |
|   | ■ No. Go to  | o line 2.<br>es Debtor 2 live                         | in a separ                              | ate household?   |   |   |   |   |  |
|   |  |   | st file Offici                          | al Form 106J-2, <i>Expenses</i>  | s for Separate House                                | <i>ehold</i> of De                            | btor 2.                                   |   |  |
| 2.  | Do you hav   | e dependents?   | ■ No                                    |  |   |   |   |   |  |
|   | Do not list D  |   | ☐ Yes.                                  | Fill out this information for each dependent   | Dependent's relationship to<br>Debtor 1 or Debtor 2 |   | Dependent's age                           | Does dependent live with you?                       |  |
|   | Do not state dependents  |   |   |  |   |   |   | □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes         |  |
| 3.  | expenses of  | penses include<br>of people other t<br>d your depende | han $_{oldsymbol{\square}}$             | No<br>Yes  |   |   |   | ☐ Yes   |  |
| Est<br>exp<br>app   | imate your e<br>penses as of<br>plicable date.   | a date after the l                                    | our bankri<br>bankruptc                 | uptcy filing date unless y<br>y is filed. If this is a supp  | olemental <i>Schedule</i>                           |   |   |   |  |
| Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.) |  |   |   |  |   | Your expenses                                 |   |   |  |
| 4.  | <ol> <li>The rental or home ownership expenses for your residence. Include first mor<br/>payments and any rent for the ground or lot.</li> </ol> |   |   |  |   |   | \$  | 2,451.00  |  |
|   | If not include   | ded in line 4:  |   |  |   |   |   |   |  |
|   |  | estate taxes  | _                                       |  |   | 4a.   | ·   | 0.00  |  |
|   | •  | erty, homeowner's<br>e maintenance, re                |   | 's insurance<br>.pkeep expenses  |   | 4b.<br>4c.                                    | ·   | 0.00<br>0.00  |  |
|   | 4d. Home   | eowner's associat                                     | tion or con-                            | dominium dues  |   | 4d.   | \$  | 0.00  |  |
| 5.  | Additional   | mortgage payme  | ents for yo                             | our residence, such as ho  | me equity loans                                     | 5.  | \$  | 0.00  |  |

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| ebtor 1 Bear            | trice Quinn   | Case numb           | er (if known) | 14-42701            |  |  |  |  |  |
|-------------------------|---|---------------------|---------------|---------------------|--|--|--|--|--|
| 114:11:4!               |   |                     |               |                     |  |  |  |  |  |
| Utilities:<br>6a. Elect | tricity, heat, natural gas  | 6a.                 | \$            | 370.00              |  |  |  |  |  |
|                         | er, sewer, garbage collection   | 6b.                 | \$            | 80.00               |  |  |  |  |  |
|                         | phone, cell phone, Internet, satellite, and cable services  | 6c.                 | *             |                     |  |  |  |  |  |
|                         |   |                     | ·             | 220.00              |  |  |  |  |  |
|                         | r. Specify:   | 6d.                 |               | 0.00                |  |  |  |  |  |
|                         | housekeeping supplies   | 7.                  | \$            | 300.00              |  |  |  |  |  |
|                         | and children's education costs  | 8.                  | \$            | 0.00                |  |  |  |  |  |
|                         | aundry, and dry cleaning  | 9.                  | \$            | 130.00              |  |  |  |  |  |
| ). Personal c           | are products and services   | 10.                 | \$            | 20.00               |  |  |  |  |  |
| I. Medical an           | nd dental expenses  | 11.                 | \$            | 100.00              |  |  |  |  |  |
| 2. Transporta           | ation. Include gas, maintenance, bus or train fare.   |                     |               |                     |  |  |  |  |  |
|                         | ude car payments.   | 12.                 | \$            | 425.00              |  |  |  |  |  |
| 3. Entertainm           | nent, clubs, recreation, newspapers, magazines, and books   | 13.                 | \$            | 20.00               |  |  |  |  |  |
|                         | contributions and religious donations   | 14.                 | \$            | 0.00                |  |  |  |  |  |
| . Insurance.            | •   |                     | ·             | 0.00                |  |  |  |  |  |
|                         | ude insurance deducted from your pay or included in lines 4 or 20.  |                     |               |                     |  |  |  |  |  |
| 15a. Life i             |   | 15a.                | \$            | 74.00               |  |  |  |  |  |
|                         | th insurance  | 15b.                |               | 0.00                |  |  |  |  |  |
|                         | cle insurance   | 15b.<br>15c.        | ·             |                     |  |  |  |  |  |
|                         |   |                     | *             | 110.00              |  |  |  |  |  |
|                         | r insurance. Specify:   | 15d.                | Φ             | 0.00                |  |  |  |  |  |
|                         | not include taxes deducted from your pay or included in lines 4 or 2  |                     | •             | <u>.</u>            |  |  |  |  |  |
| Specify:                |   | 16.                 | \$            | 0.00                |  |  |  |  |  |
|                         | t or lease payments:  |                     | _             |                     |  |  |  |  |  |
|                         | payments for Vehicle 1  | 17a.                | *             | 0.00                |  |  |  |  |  |
| 17b. Carp               | payments for Vehicle 2  | 17b.                | \$            | 0.00                |  |  |  |  |  |
| 17c. Othe               | r. Specify:   | 17c.                | \$            | 0.00                |  |  |  |  |  |
| 17d. Othe               |   | 17d.                | \$            | 0.00                |  |  |  |  |  |
|                         | nents of alimony, maintenance, and support that you did not re  | port as             | · -           |                     |  |  |  |  |  |
|                         | from your pay on line 5, Schedule I, Your Income (Official Form   |                     | \$            | 0.00                |  |  |  |  |  |
|                         | ments you make to support others who do not live with you.  | ,                   | \$            | 0.00                |  |  |  |  |  |
| Specify:                | ,   | 19.                 |               |                     |  |  |  |  |  |
|                         | property expenses not included in lines 4 or 5 of this form or  |                     | our Income.   |                     |  |  |  |  |  |
|                         | gages on other property   | 20a.                |               | 690.00              |  |  |  |  |  |
|                         | estate taxes  | 20b.                | ·             | 0.00                |  |  |  |  |  |
|                         | erty, homeowner's, or renter's insurance  | 20c.                |               | 0.00                |  |  |  |  |  |
|                         |   |                     |               |                     |  |  |  |  |  |
|                         | tenance, repair, and upkeep expenses  | 20d.                |               | 160.00              |  |  |  |  |  |
| 20e. Hom                | eowner's association or condominium dues  | 20e.                | \$            | 0.00                |  |  |  |  |  |
| . Other: Spe            | ecify:  | 21.                 | +\$           | 0.00                |  |  |  |  |  |
|                         |   |                     |               |                     |  |  |  |  |  |
|                         | your monthly expenses   |                     | •             | <b>.</b> . <b>.</b> |  |  |  |  |  |
|                         | nes 4 through 21.   |                     | \$            | 5,150.00            |  |  |  |  |  |
| 22b. Copy I             | line 22 (monthly expenses for Debtor 2), if any, from Official Form   | 06J-2               | \$            |                     |  |  |  |  |  |
| 22c. Add lir            | ne 22a and 22b. The result is your monthly expenses.  |                     | \$            | 5,150.00            |  |  |  |  |  |
|                         |   |                     |               | 3,100.00            |  |  |  |  |  |
|                         | your monthly net income.  |                     |               |                     |  |  |  |  |  |
| 23a. Copy               | / line 12 (your combined monthly income) from Schedule I.   | 23a.                | \$            | 3,757.90            |  |  |  |  |  |
| 23b. Copy               | your monthly expenses from line 22c above.  | 23b.                | -\$           | 5,150.00            |  |  |  |  |  |
| , ,                     | • •   | ·                   |               | -,                  |  |  |  |  |  |
| 23c. Subti              | ract your monthly expenses from your monthly income.  |                     | _             |                     |  |  |  |  |  |
|                         | result is your monthly net income.  | 23c.                | \$            | -1,392.10           |  |  |  |  |  |
|                         | , ,   | ·                   |               |                     |  |  |  |  |  |
| 1. Do you exp           | pect an increase or decrease in your expenses within the year   | after you file this | form?         |                     |  |  |  |  |  |
| For example,            | For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a |                     |               |                     |  |  |  |  |  |
| modification t          | to the terms of your mortgage?  |                     |               |                     |  |  |  |  |  |
| ■ No.                   |   |                     |               |                     |  |  |  |  |  |
| <b>—</b> 110.           |   |                     |               |                     |  |  |  |  |  |